



# **BALTIMORE CITY COUNCIL COMMITTEE ON LEGISLATIVE INVESTIGATIONS**

**The Honorable Isaac "Yitz" Schleifer**

**CHAIR**

**PUBLIC HEARING**

**1/8/2026**

**4:30PM**

**CLARENCE "DU" BURNS COUNCIL CHAMBERS**

***LO25-0037***

***Opioid Epidemic Response***

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*Staff: Juliane Jemmott (410-396-1268)*

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# CITY OF BALTIMORE

Brandon M. Scott – Mayor  
Zeke Cohen – Council President



## Office of Council Services

Nancy Mead – Director  
100 Holliday Street, Room 415  
Baltimore, MD 21202

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# COMMITTEE ON LEGISLATIVE INVESTIGATIONS

**The Honorable Isaac "Yitz" Schleifer**  
**CHAIR**

## Legislative Oversight Hearing

*LO25-0037  
Opioid Epidemic Response*

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For the purpose of inviting the Commissioner of the Baltimore City Health Department to brief the committee on their plan to address the City's ongoing opioid epidemic and overdose crisis, following the Commissioner's indication of their willingness to share their plan with the Committee on Legislative Investigations during their confirmation hearing.

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### **BACKGROUND**

Baltimore City has become the epicenter of the United States' opioid addiction and overdose crisis. Once considered a [model](#) in overdose [prevention](#) and response, the City's efforts have stalled – over the past 7 years, over 6,000 people have died following an overdose, and between 2013 and 2022 fatal overdoses in the City tripled as synthetic opioids came to dominate the market. In [2023](#) fatal overdoses in Baltimore per 100,000 residents were about three times state and national levels.

Historically, the City was known for efforts to quickly implement new and effective solutions to substance abuse-related issues, being among one of the earliest jurisdictions to introduce systems like syringe exchanges, distribution of buprenorphine and Narcan, and aggressive public awareness campaigns. However, despite those efforts, and resulting recognition from national health officials as recently as 2018, the City's death rate from 2018 to 2022 [climbed](#) to almost twice that of any comparable major city.

Since 2018, amidst increasing overdoses, elevated homicide rates, and the COVID-19 pandemic, City efforts to combat the opioid epidemic have fallen into disrepair – public addiction service tracking fell out of use, public awareness campaigns became far less aggressive, and Health Insurance Portability and Accountability Act protections left city agencies wary of sharing overdose data. In addition, overdose response is complicated by a host of different preventative and reactive service providers including emergency services, the Health Department, and private actors including Johns Hopkins. Together, this left many officials in the dark on the extent of the city's crisis, in turn leaving city residents suffering from opioid use disorder, particularly [black men](#), at greater risk of overdose without effective oversight.

Amidst the surge in overdoses, in 2018 the City sued major players in the opioid industry and, despite the option to join settlements with other jurisdictions, the City chose to opt out of those settlements in

favor of pursuing its own. Since then, the City has reached discrete settlements totaling over \$400 million.

More recently in August 2024, following a series of similar settlements with pharmaceutical companies, Mayor Scott issued an Executive Order to establish processes for how the City would manage incoming restitution funds. Specifically, that Order required: the creation of a segregated account for opioid restitution funds; the creation of a Trust to sustain the impact of the received funds; thorough reporting and transparency on the use of restitution funds and related programs; new positions within the Mayor's office to oversee the City's response to the opioid epidemic; and, the establishment of a Restitution Advisor Board to guide the use of funds received from opioid-related settlements.

Subsequent to Mayor Scott's Executive Order, the Mayor's Office of Overdose Response initiated the process of creating a comprehensive [strategic plan](#) which, while still open to public feedback, sets a target of reducing overdose deaths 40% by 2040 and outlines five key priorities: addressing racial, sex, and aged based disparities among populations suffering from addiction and overdose; dismantling information silos to improve coordination across systems; confronting stigma so people feel welcome and safe in asking for help; increasing access to low-barrier services; and improving the quality of substance use disorder treatment. [Currently](#), the Administration indicates that it is actively conducting community engagement and needs assessments; working to publish a final plan; and, setting annual funding priorities.

Today, despite progress on the legal and financial fronts, city residents are still dealing with the ongoing crisis. [Just recently](#), a “bad batch” of street drugs sent at least 27 people in the Penn North neighborhood to the hospital in what has been characterized as a “mass overdose.” However, [in 2024](#), the city saw a significant drop in overdose deaths.

During this Committee's September 11, 2025, [hearing](#) on the nomination of Dr. Michelle Taylor for the position of Commissioner of Health, Chair Schleifer requested that Dr. Taylor share when the Committee could expect to receive an opioid epidemic response plan from the Health Department, under her leadership, that she would personally approve. In response, Dr. Taylor indicated that she would need at least three months to review and update any current plans of the Department.

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### ***FISCAL NOTE***

The City has significantly increased funding for substance abuse-related issues over the past several years. In 2024, the [Department of Health](#) spent just over \$3.2 million on services to address substance abuse and mental health disorders but in 2026, the Department is budgeted to spend over \$9.8 million, with the bulk of the increase being allocated from funds received from settlements with pharmaceutical companies. 2026 will also mark the first year that funds are allocated for the administration of the Opioid Restitution Fund and disbursement of money from that fund to grant recipients. In total, the administrative costs and grant disbursements for fiscal year 2026 total over \$21 million. In addition, the City budgets for services that have [more](#) minor substance abuse treatment-related functions including School Health and allocates money to other related programs from the Opioid Restitution Fund.

Among others making up the City's [\\$400 million](#) in settlement funds, the City reached a \$45 million [settlement](#) with the pharmaceutical company Allergan in June 2024, which came after a state of Maryland settlement for \$38 million from which Baltimore City would have only been awarded \$7 million spread over seven years. More [recently](#), a Baltimore jury found drug distributors McKesson and Amerisource-Bergen liable for over \$266 million in damages related to their role in exacerbating the city's opioid crisis; however, the award determined by the jury was later [ruled](#) too high by the presiding judge who offered the city a retrial or significantly reduced settlement.

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### ***REPORTING AGENCIES***

- Baltimore City Health Department
- 

Analysis by: Ethan Navarre

Direct Inquiries to: [ethan.navarre@baltimorecity.gov](mailto:ethan.navarre@baltimorecity.gov)

Analysis Date: 7/7/2025

*First Revision Date: 9/9/2025*

*Current Revision Date: 12/16/2025*

*Initially drafted in advance of the Public Safety Committee's July 29<sup>th</sup> hearing for LO25-0013 – Opioids, Harm Reduction, and Overdose Prevention.*

# BALTIMORE CITY COUNCIL



## COMMITTEE ON LEGISLATIVE INVESTIGATIONS

*LO25-0037  
Opioid Epidemic Response*

## Agency Reports



# LO25-0037 - Opioid Epidemic Response

January 8, 2026



*Brandon M. Scott*  
Mayor, Baltimore City  
*Michelle Taylor, MD, DrPH, MPA*  
Commissioner of Health, Baltimore City

@Bmore\_Healthy   
BaltimoreHealth   
[health.baltimorecity.gov](http://health.baltimorecity.gov)

# Agenda

- Background & overview
  - City behavioral health ecosystem
  - Overdose Needs Assessment
  - Citywide Strategic Plan
- New BCHD Division of Public Behavioral Health
- Mass Overdose Rapid Response Protocol
- Next steps & priorities



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Commissioner of Health, Baltimore City



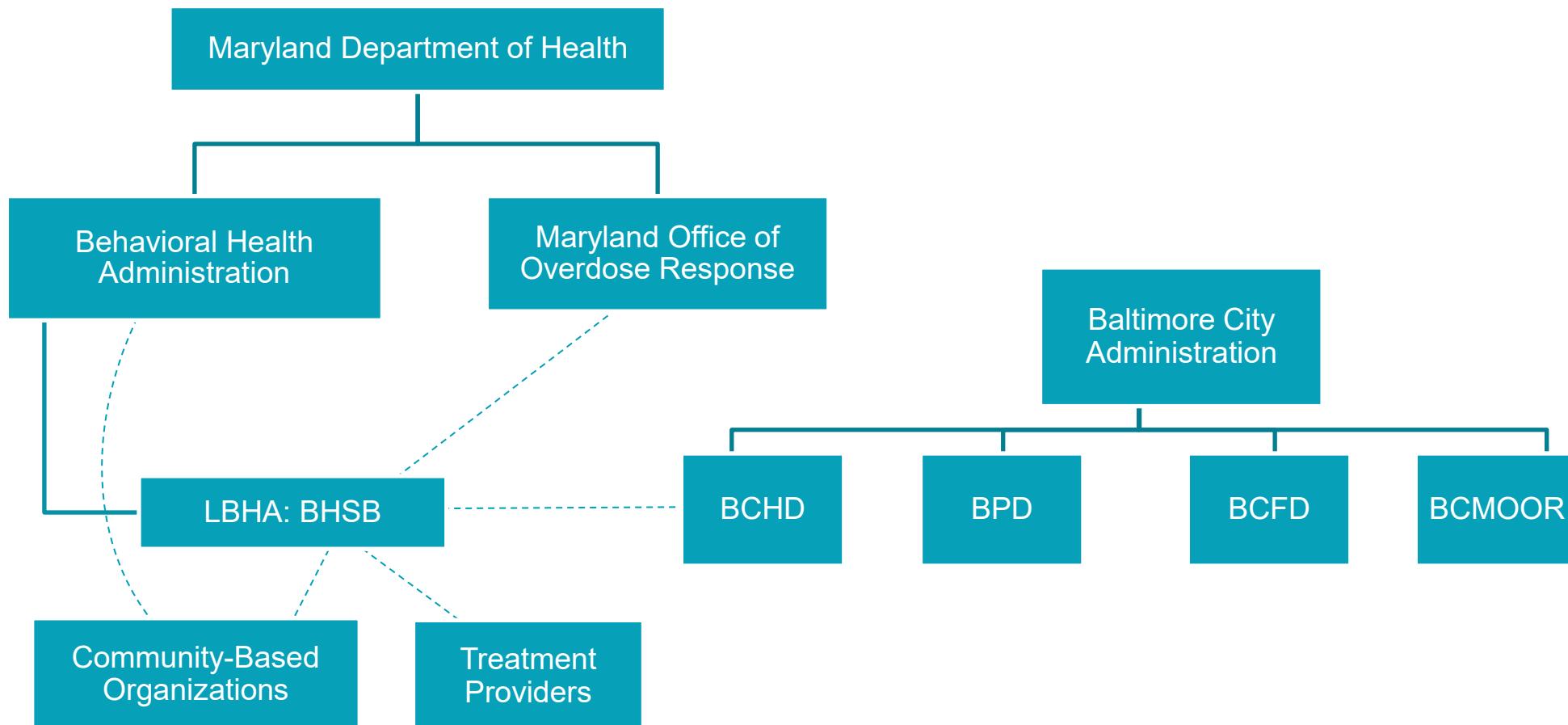
# Background & overview



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Commissioner of Health, Baltimore City



# Baltimore City's Behavioral Health Ecosystem



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Commissioner of Health, Baltimore City



# BCHD led a citywide overdose Needs Assessment

- Includes qualitative and quantitative data
- Qualitative data collected from Dec 2024-March 2025
  - Key informant interviews
  - Virtual forums
  - Online Community Input Form



Scan for the full needs assessment



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# BCMOOR led creation of an Overdose Response Strategic Plan

- Draft strategic plan published July 2025
- Provides a framework for 2025-2027
- Aims to reduce overdose deaths **by 40% by 2040**
- Includes five priorities, 13 strategies, and 47 targeted activities
  - Many of these involve BCHD, but the strategy is bigger than one agency



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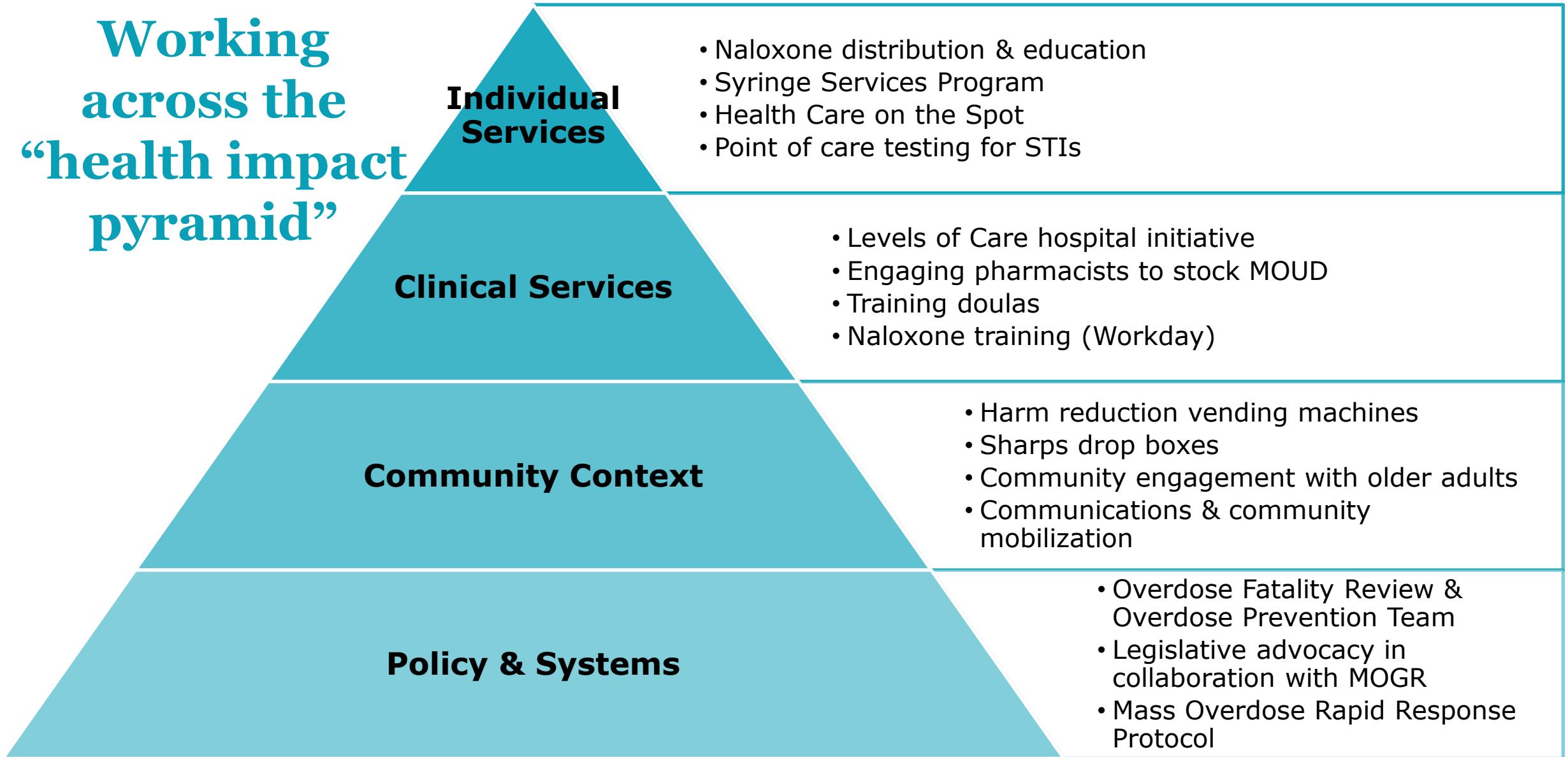
# Our New Division of Public Behavioral Health



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# Working across the “health impact pyramid”



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# Core Functions

1. **Data and epidemiology** will provide critical information to drive the City's overdose response
2. **Policy and strategy** will inform the creation of an effective public health strategy for overdose
3. **Communications** and community mobilization will empower Baltimore communities against overdose
4. **Essential services** will support those most at risk of overdose



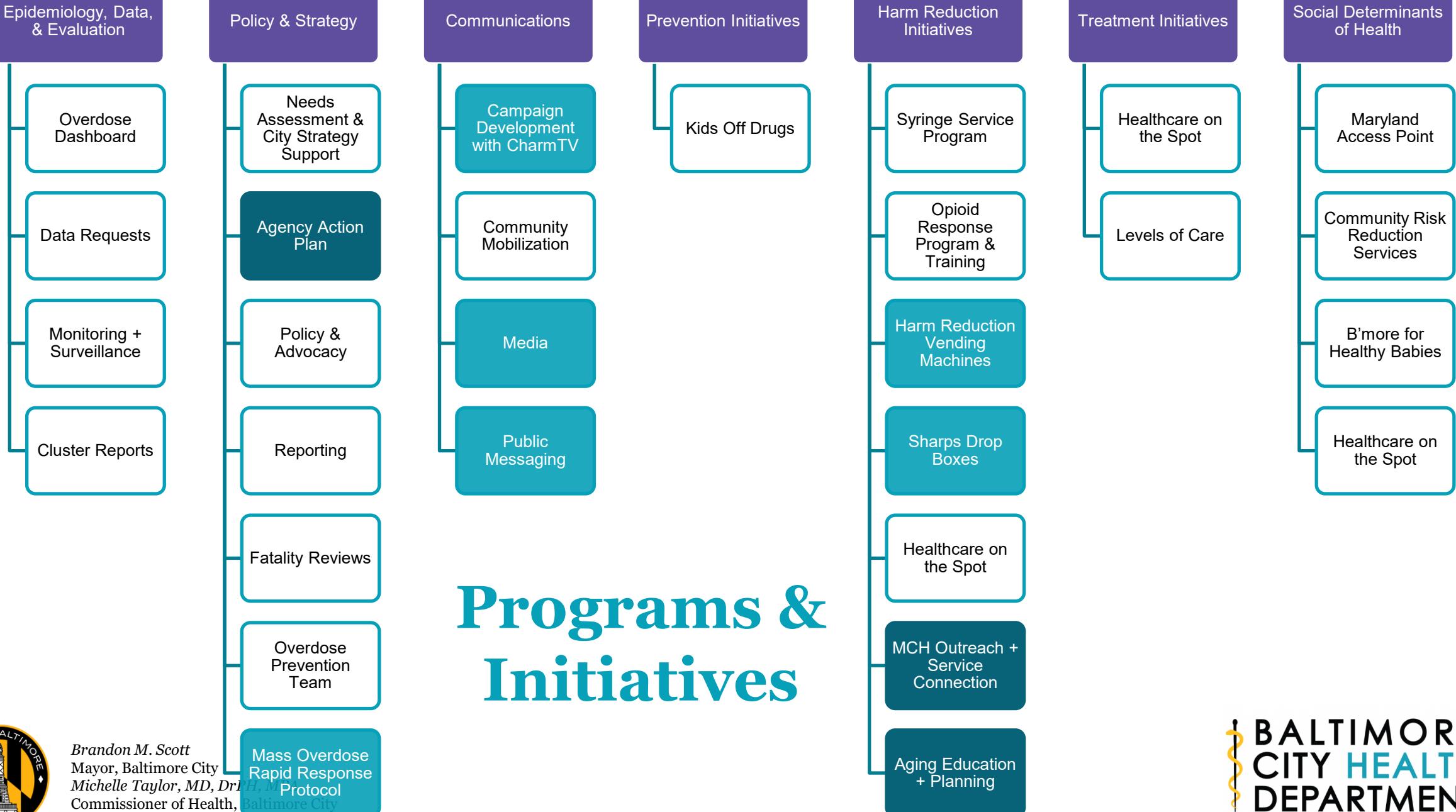
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Mass Overdose  
Rapid Response  
Protocol

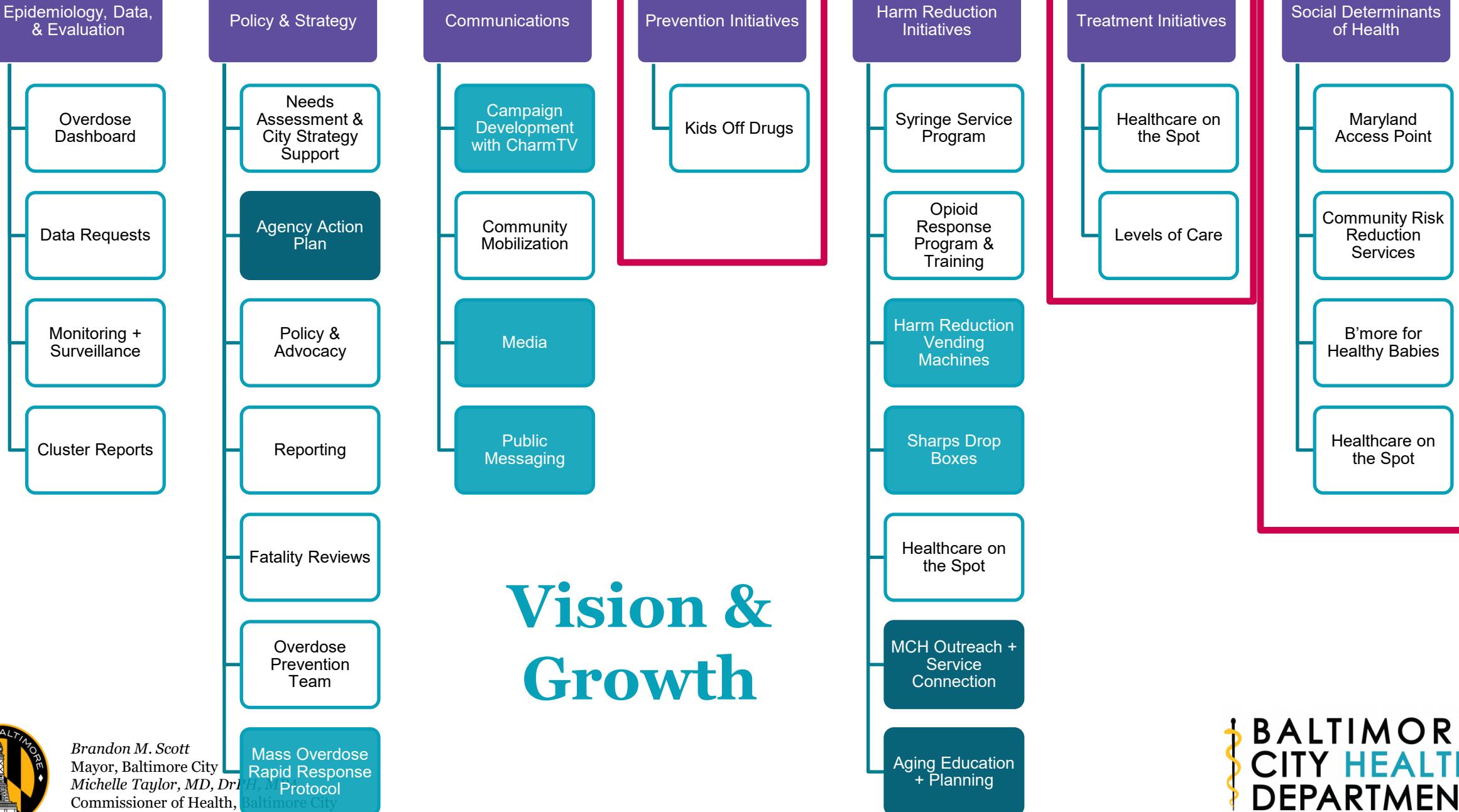


# Programs & Initiatives



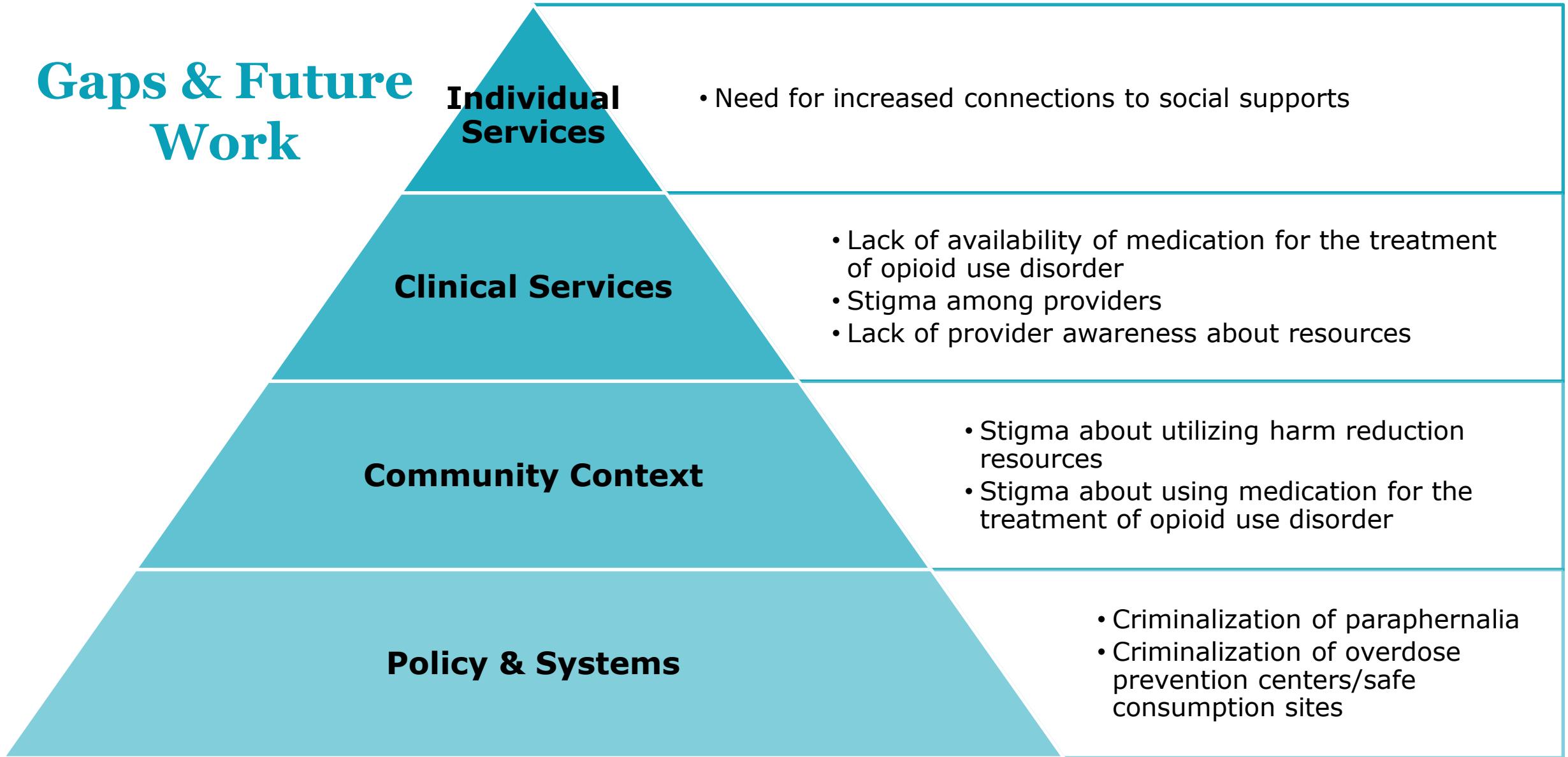
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Michelle Taylor, MD, DrPH, MPA  
Commissioner of Health, Baltimore City

Mass Overdose  
Rapid Response  
Protocol



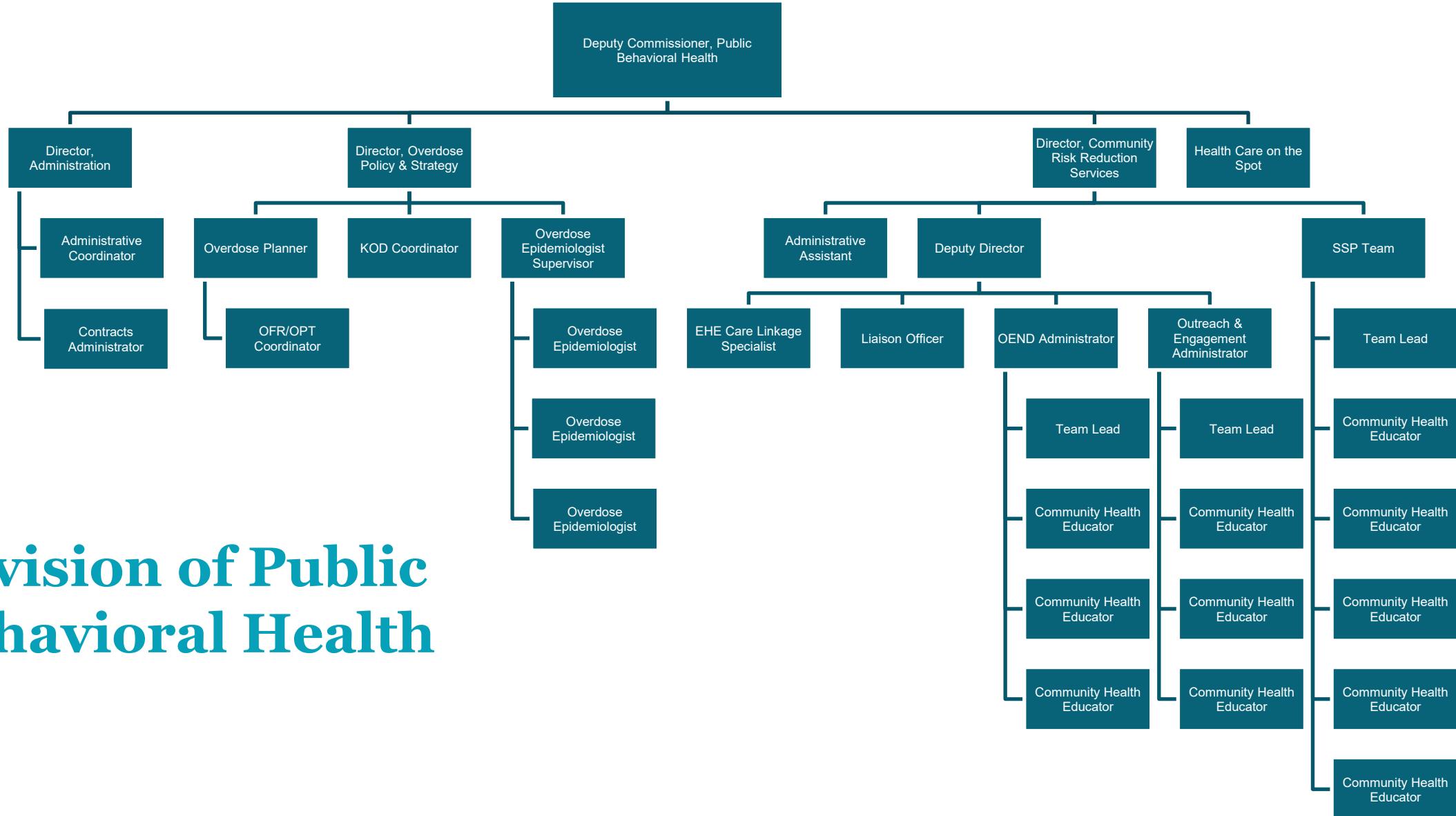
# Vision & Growth

# Gaps & Future Work



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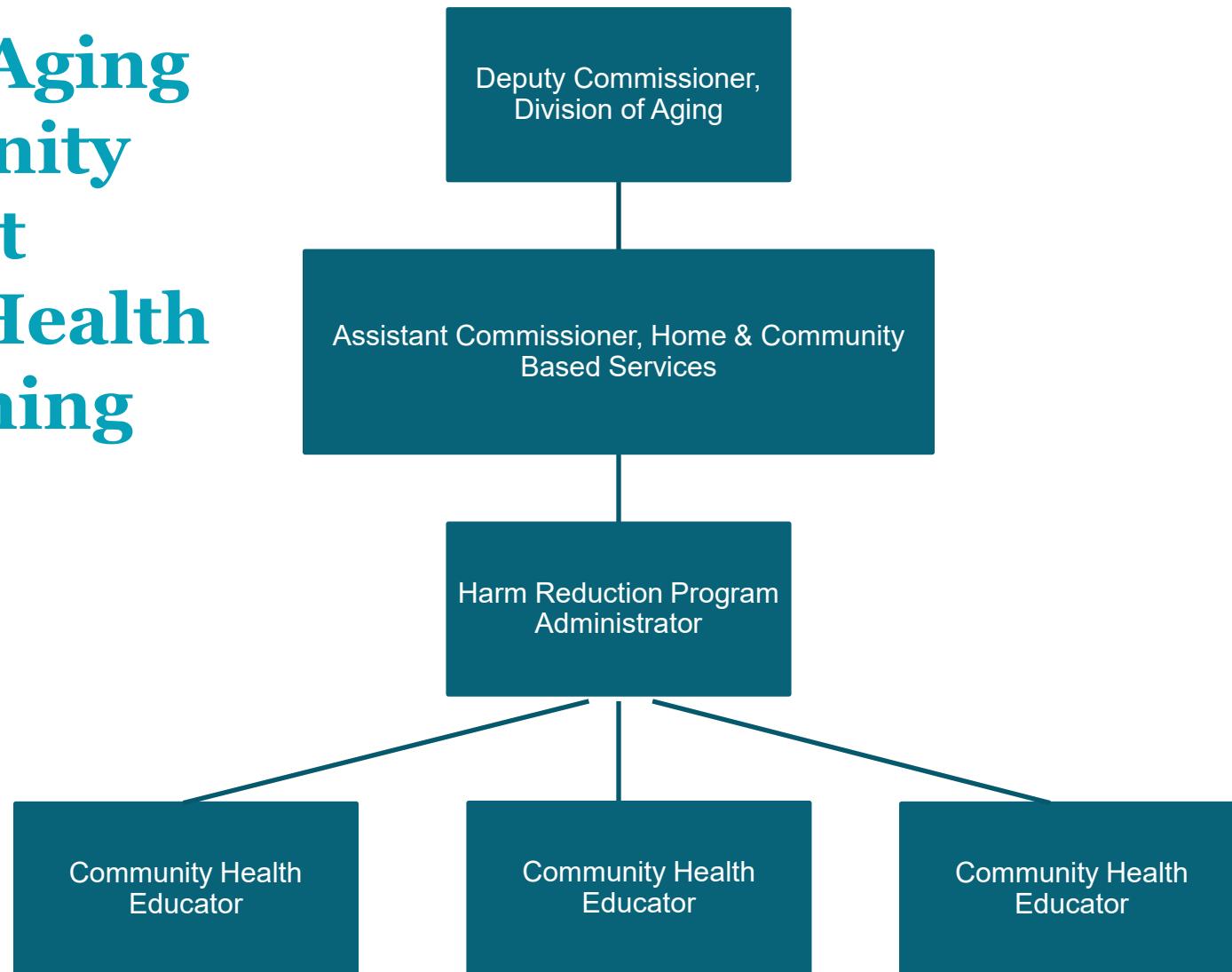
# Division of Public Behavioral Health



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Commissioner of Health, Baltimore City



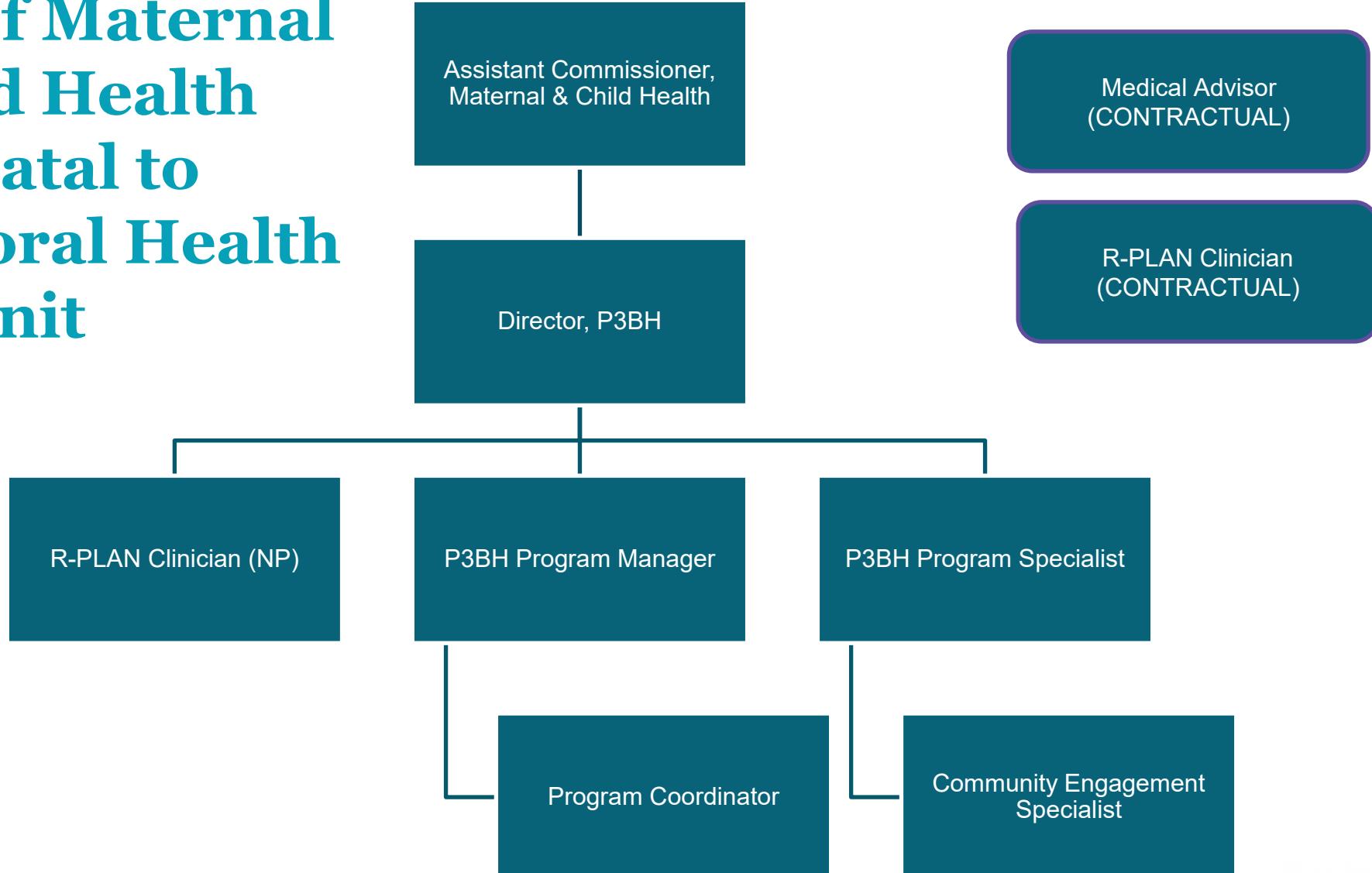
# Division of Aging & Community Support Behavioral Health Programming



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# Bureau of Maternal & Child Health

## Prenatal to 3 Behavioral Health Unit



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# Hiring Update

## Position Creation

- 6 positions transferred from general funds for CRRS
- 2 positions transferred into ORF pins for MCH; 2 positions pending transfer into ORF pins from MCH

## Hiring Status

- 8 positions hired
- 11 offers pending, including the Deputy Commissioner
- 3 positions in the interview process



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# Mass Overdose Rapid Response Protocol



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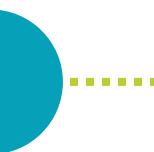


# How we got here

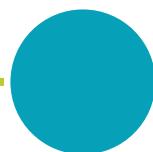
**July 10:**  
Mass  
overdose  
in Penn-  
North



**July 11:**  
BCHD  
initiates  
creation of  
Protocol



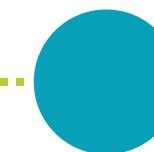
**July 15:**  
Agencies  
& Admin  
conduct  
hot wash



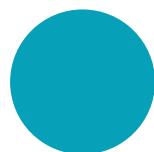
**Oct 8:**  
Mass  
overdose  
in Penn-  
North



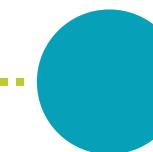
**Nov 17:**  
Multi-  
agency  
meeting on  
Protocol



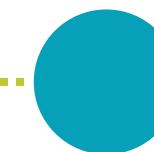
**Dec 2:**  
In-person  
multi-  
agency  
meeting on  
Protocol



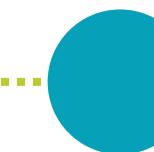
**July 18:**  
Mass  
overdose  
in Penn-  
North



**Oct 9:**  
BCHD  
conducts  
hot wash



**Nov 25:**  
Agencies  
provide  
feedback



**Dec 12:**  
Protocol  
submitted  
to Mayor's  
Office



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Mayor, Baltimore City  
Michelle Taylor, MD, DrPH, MPA  
Commissioner of Health, Baltimore City

# Objectives

## Immediate Response & Life Saving Measures

- Scene safety and security
- Rapid assessment and triage
- Administer naloxone and medical intervention
- Transport and medical surge management

## Public Health Service Delivery

- Reduce overdose fatalities
- Expand harm reduction efforts
- Analyze and share public health data
- Improve access to prevention, treatment, and recovery services
- Combat stigma

## Partnership & Collaboration

- Include trusted community partners in outreach response work
- Enhance public health and public safety collaboration



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# Response Levels

## Partial Activation (5-10 overdoses)

- Informed by BCFD
- Activation of BCHD Health Dept Operations Center
- Activation of Field Coordination Site
- Overdose Response Programs support community canvassing

## Full Activation (11+ overdoses)

- Mass casualty incident
- Partial activation of the City EOC
- Unified Command jointly led by BCHD and BPD

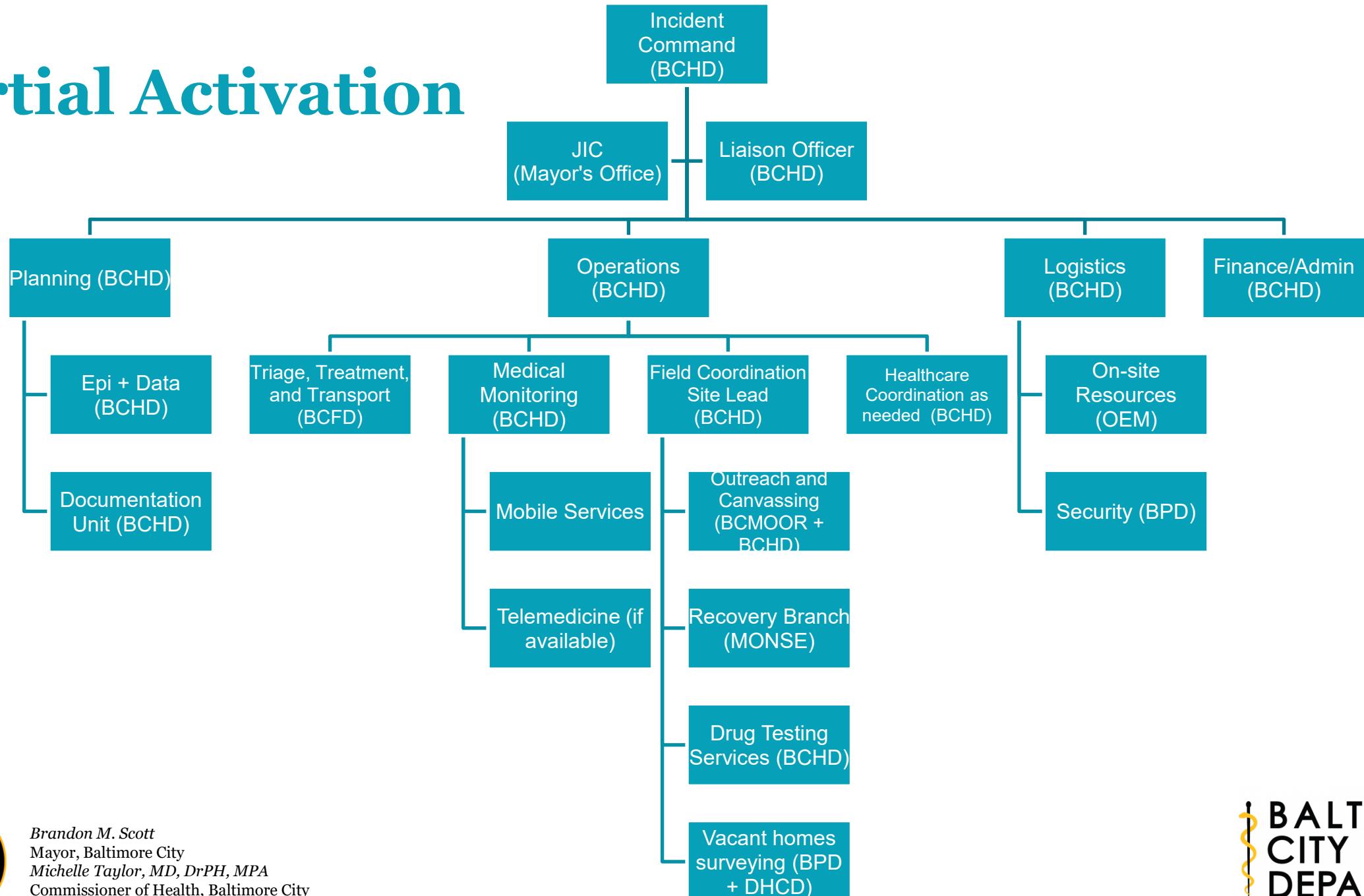
Public Health Surveillance, Monitoring, and Reporting



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Commissioner of Health, Baltimore City

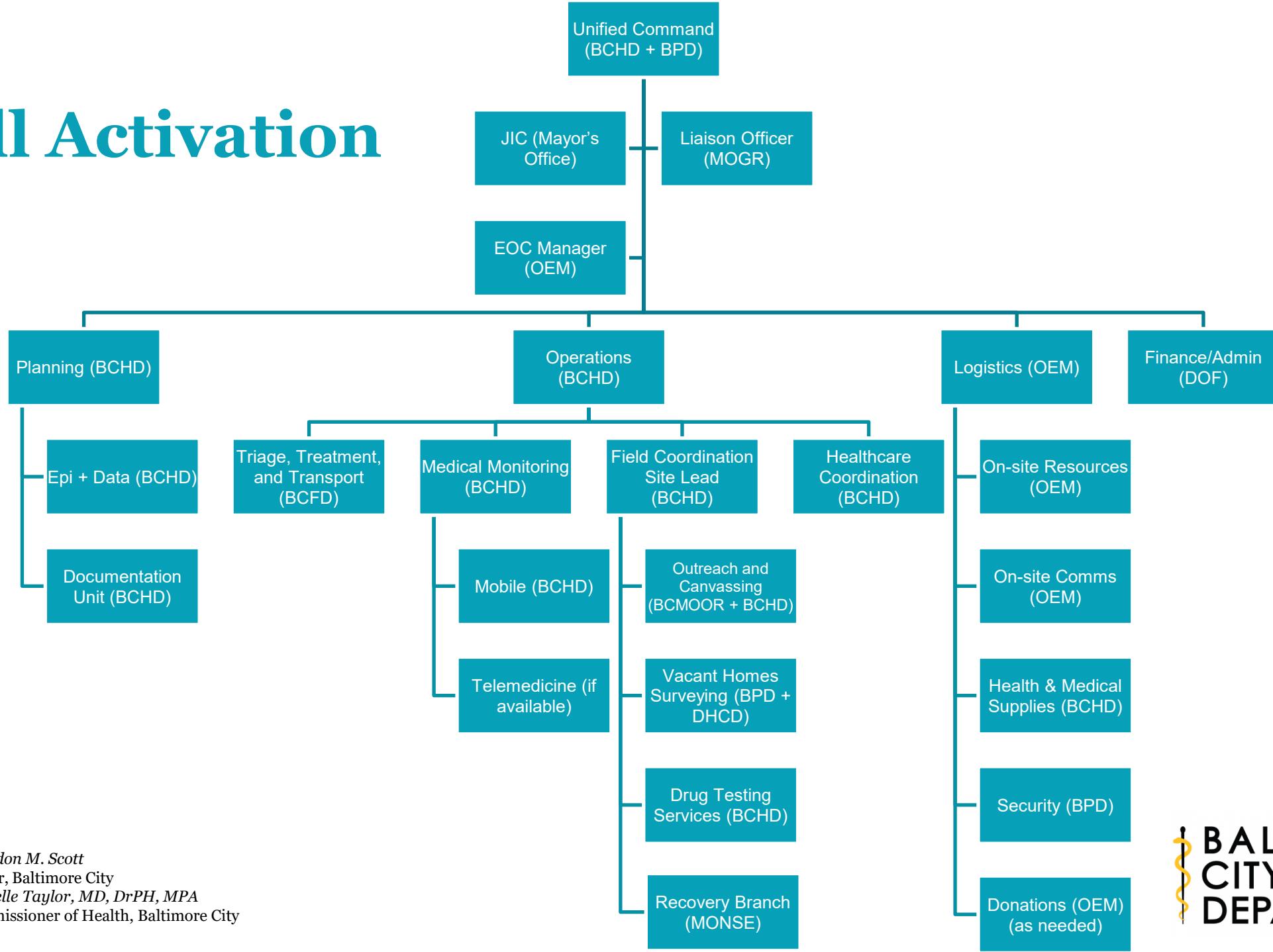


# Partial Activation



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# Full Activation



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**BALTIMORE**  
**CITY** **HEALTH**  
**DEPARTMENT**

# Post-Acute Response

## Recovery

- Led by MONSE with technical support from BCHD and BCMOOR
- Focus on strategies to address the community's needs (e.g., sustained infrastructure or community improvement)
- BCHD will provide technical assistance

## Hot Wash

- BCHD and BPD, or OEM will convene a meeting to discuss the event following the incident
- Identifies strengths and areas for improvement
- Insights will inform future revisions to the Protocol



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Commissioner of Health, Baltimore City



# Next Steps & Priorities



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Mayor, Baltimore City  
*Michelle Taylor, MD, DrPH, MPA*  
Commissioner of Health, Baltimore City



# Next Steps and Key Priorities

## Staffing

- Hire Deputy Commissioner
- Hire remaining staff

## Planning

- Begin needs assessment in 2026
- Conduct a Mass Overdose Rapid Response Tabletop Exercise

## Programming

- Monitor progress across metrics



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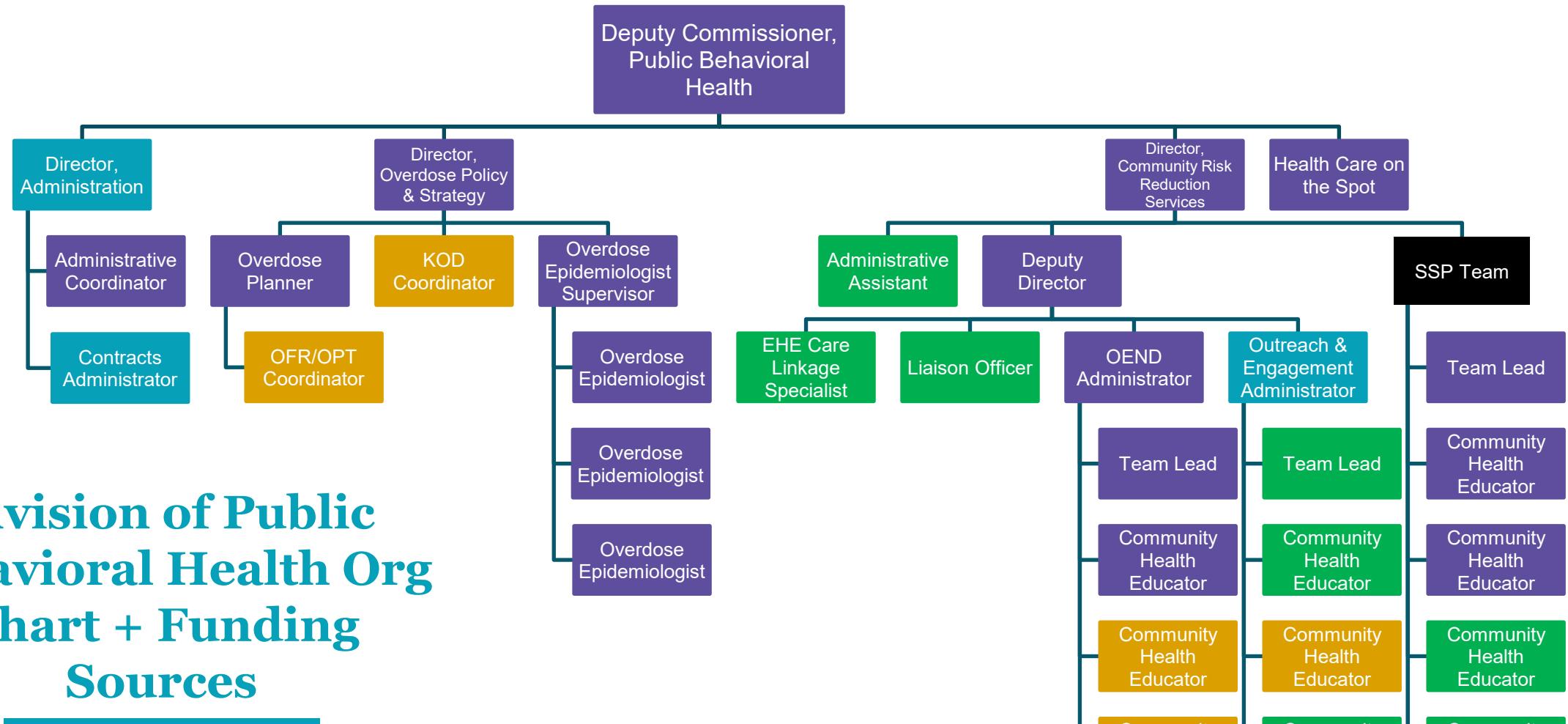
# Thank you! Questions?

Contact: Julia Roche, Legislative Affairs Director  
[Julia.Roche@baltimorecity.gov](mailto:Julia.Roche@baltimorecity.gov)



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## Division of Public Behavioral Health Org Chart + Funding Sources



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Commissioner of Health, Baltimore City



# BALTIMORE CITY COUNCIL



## PUBLIC SAFETY COMMITTEE

*LO25-0037*

*Opioid Epidemic Response*

## Additional Materials



**City of Baltimore**

# Overdose Response Strategic Plan 2025–2027

**MAYOR'S OFFICE OF OVERDOSE RESPONSE  
JULY 2025**

**DRAFT FOR  
PUBLIC  
COMMENT**

# Letter From the Mayor

Dear Neighbor,

As Mayor, tackling Baltimore's overdose crisis has been, and continues to be, one of my top priorities. I often say that there is not a person in Baltimore who has not felt the impact of this crisis. For too long, our city has been losing too many lives to preventable overdoses. We have been forced to say goodbye to too many of our family members, friends, loved ones, and neighbors too soon.



In response to this complex and evolving crisis, Baltimore City has stood strong in our efforts to save lives. Working hand in hand with community partners, we have made many important strides in reducing the harms that people who use drugs experience, expanding access to treatment, and preventing overdoses. Together, we have seen how kindness can overcome stigma and how investments in evidence-based interventions can save lives.

But there is more work to be done, and there is still justice to be served.

So, in 2017, Baltimore City sued the opioid industry for their role in fueling our community's overdose crisis. When the opportunity arose to join global settlements with these companies, we said "no deal," and continued to make the case against these companies on our own.

As a direct result of City Solicitor Ebony Thompson's leadership, we have obtained a historic amount of funding through awards and settlements with these companies. Now, we must invest these hard-earned funds back into our neighborhoods so that we can turn the tide on the overdose crisis.

On August 29, 2024, I issued an [Executive Order](#) that lays out a process for ensuring these funds have a significant and sustained impact across Baltimore, including by establishing the Mayor's Office of Overdose Response to manage administration of the Opioid Restitution Fund and to develop and execute a citywide overdose response.

As part of this [Executive Order](#), I charged the Mayor's Office of Overdose Response with preparing an Overdose Response Strategic Plan every two years to guide the use of these funds and ensure that they are invested in evidence-based interventions carried out in partnership between the city government and community partners.

To overcome our city's overdose crisis, this Strategic Plan for 2025 to 2027 proposes a set of strategies and accompanying activities to:

- **Address disparities in Baltimore's overdose crisis** that have placed certain members of our community at greater risk, particularly our neighbors who are older Black men.
- **Dismantle silos and improve connections throughout systems of care** to ensure that people who use drugs are able to more effectively navigate services in support of their recovery.

- **Confront systems, policies, and practices that perpetuate stigma** to reduce barriers to care and save lives.
- **Increase access to low-barrier services for substance use disorders across all neighborhoods** so that immediate connection to life-saving substance use disorder services and support services is possible.
- **Improve the quality of substance use disorder treatment and recovery services** so Baltimore City residents can receive the best care.

Although there is no simple solution to the overdose crisis and we will not overcome it overnight, this Strategic Plan proposes an innovative approach to meet the present and immediate needs across our community—while laying the groundwork for the long-term changes to help end this crisis.

Together, we will build a Baltimore where each and every one of us can thrive.

In service,

A handwritten signature in black ink that reads "Brandon M. Scott". The "B" in "Brandon" and the "M." in "M. Scott" are capitalized and have decorative loops. The "S" in "Scott" is also decorative.

Brandon M. Scott  
*Mayor*

# A New Direction for Baltimore's Overdose Response

As part of the [Executive Order](#) signed on August 29, 2024, Mayor Brandon Scott called for the creation of a new position to lead a new Office—the Baltimore City Mayor's Office of Overdose Response (BCMOOR)—to coordinate Baltimore City's efforts to address the overdose crisis. BCMOOR will oversee and coordinate ongoing efforts of city agencies and community partners in a cross-sector response. Under Mayor Scott's leadership, the City's approach will look broadly at the overdose crisis, its impacts, and the efforts to combat it. BCMOOR's role is to identify areas for collaboration and coordination with key partners, driven by best practices and innovative thinking.



MAYOR'S OFFICE OF  
**OVERDOSE  
RESPONSE**

**BCMOOR's Mission Statement:** To build a Baltimore City where people impacted by substance use are supported, safe, and thriving; where services for people impacted by substance use are stigma-free, person-centered, and the highest quality; and where systems serving people impacted by substance use work together, address and redress historic harm and inequity, and meet and respond to the community's needs.

The draft citywide strategy that is presented in this report will guide the City's efforts over the years to come. It was developed in partnership with many partners, including:

- **Overdose Implementation Work Group:** Baltimore City Health Department, Behavioral Health System Baltimore, BCMOOR
- **Mayor's Overdose Cabinet:** Mayor Brandon M. Scott, Chief Administrative Officer Faith P. Leach, Deputy Administrative Officer Shamiah Kerney, interim Deputy Mayor John David "J.D." Merrill, Executive Director of Overdose Response Sara Whaley, interim Commissioner of Health Mary Beth Haller, Fire Chief James Wallace, Police Commissioner Richard Worley, Acting Chief Recovery Officer Elizabeth Tatum, Director of the Mayor's Office of Employment Development MacKenzie Garvin, City Solicitor Ebony Thompson, Director of the Mayor's Office of Homeless Services Ernestina Simmons, Director of Public Works Khalil Zaied, Housing Commissioner Alice Kennedy, Dr. Joshua Sharfstein from the Johns Hopkins Bloomberg School of Public Health, Dr. Susan Sherman from the Johns Hopkins Bloomberg School of Public Health, and Tiffinee Scott from Maryland Peer Advisory Council.
- Special thank you and acknowledgments to the Restitution Advisory Board

To finalize this plan, we will need input from community members. **Everyone is touched by this crisis, and the only way we're going to make progress is if we do it together.**

Submit comments on the [Public Feedback Form](#) by **August 29, 2025**.

# Executive Summary

Baltimore City continues to face one of the most severe overdose crises in the country, with overdose mortality rates far exceeding state and national averages. In 2023 alone, 1,043 lives were lost to substance-related overdoses in the city—disproportionately impacting older Black men. This Overdose Response Strategic Plan represents Baltimore’s next decisive step in reversing the crisis, amplified by resources secured from legal action against opioid manufacturers and distributors, by creating a coordinated, citywide response.

Under the leadership of Mayor Brandon M. Scott, this biennial strategic plan reflects a bold, inclusive, and data-driven vision, developed in collaboration with City agencies, community organizations, and residents with lived experience to address the overdose crisis.

## Our Vision and Goals

The plan aims to:

- **Reduce overdose fatalities**
- **Increase the number of individuals receiving treatment for opioid use disorder**
- **Expand access to low-barrier, high-quality services across all neighborhoods**
- **Strengthen connections across the care continuum**
- **Support sustained recovery**
- **Reduce stigma**

## How We Made This Plan

The strategy is grounded in a **comprehensive needs assessment** that analyzed both quantitative (statistics and numbers) and qualitative (stories and voices) data. Quantitative data from over 16 data sources were included. Additionally, over 300 stakeholders—including people who actively use drugs, people in treatment, family and friends of people who use drugs, providers, and city staff—contributed insights. This assessment identified critical challenges and opportunities across five key pillars:

- 1. Social Determinants of Health**
- 2. Prevention**
- 3. Harm Reduction**
- 4. Treatment**
- 5. Recovery**

## What We Will Do

To address systemic barriers and advance equity, the Overdose Response Strategic Plan outlines **five cross-cutting priorities**:

1. Help those most at risk by **addressing racial, sex, and age-based disparities** in overdose.
2. Ensure services work together by **dismantling silos** and improving care coordination across systems.
3. **Confront stigma** in services, policy, and public perception so people feel safe and welcome asking for help.
4. **Increase access to low-barrier services**, particularly in underserved neighborhoods.
5. **Improve quality** of substance use disorder treatment and recovery supports so individuals can achieve lasting recovery.

These priorities are supported by **13 strategies, with corresponding actionable activities**—including expanding naloxone distribution and mobile treatment, scaling support programs that utilize peers (or people with personal experience of substance use disorders), investing in harm reduction, and supporting 24/7 access to treatment and support services.

## Working Together

BCMOOR will coordinate the implementation of this plan in partnership with City agencies, community-based organizations, and residents. The plan emphasizes **transparency and accountability**, with regular progress updates, a public dashboard, and a two-year review cycle to adapt to emerging needs.

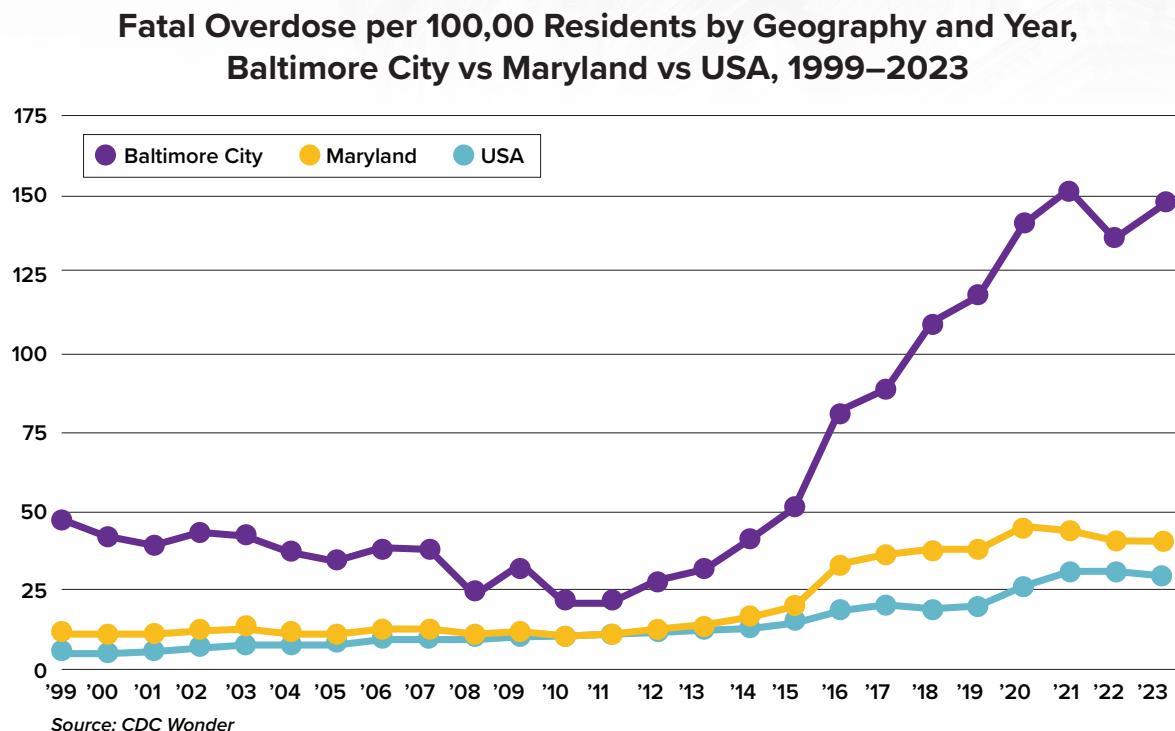
Critically, the Strategic Plan is a **living document**—open to ongoing community feedback. Residents are encouraged to contribute their voices to ensure Baltimore's response reflects the needs and aspirations of every neighborhood.

## Conclusion

This Strategic Plan is more than a just roadmap—it is a commitment to equity, innovation, and partnership. By investing our efforts in bold, community-led solutions, Baltimore City is charting a new path forward—one that centers dignity, justice, and the health of all its people.

# Creating Baltimore's Overdose Response Strategic Plan

Baltimore City has felt the devastating impacts of the opioid overdose crisis for well over three decades. With the addition of resources won in lawsuits against opioid manufacturers, distributors, and pharmacies, the City has an incredible opportunity to invest dollars back into the community, to reduce the impacts and prevent future harms.



To ensure that dollars are allocated to programs and services that are most impactful, Mayor Brandon M. Scott signed an [Executive Order](#) on August 29, 2024, calling for the creation of infrastructure to coordinate and oversee Baltimore City's efforts to address the overdose crisis and invest dollars from the opioid litigation. Knowing that Baltimore City's response to the overdose crisis is ongoing and spans the private, non-profit, and public sectors, the City's scope is broader than just the opioid litigation dollars. This mission will be comprehensive, informed by evidence, coordinated across City agencies and community organizations, and will include evidence-based, community-led, and data-driven investment for all funds addressing the overdose crisis.

## Step 1: Needs Assessment

The first step in developing the Overdose Response Strategic Plan was to conduct a [Citywide needs assessment](#). The goal of this assessment was to understand the impact of the overdose crisis, assess existing services and resources, identify gaps, and discover opportunities for improvement. In Fall 2024, the Baltimore City Health Department began conducting the needs

assessment. The agency centered their process around five pillars: social determinants of health, prevention, harm reduction, treatment, and recovery.

### **1. Social Determinants of Health: *Helping people and communities thrive***

Social determinants of health are factors that affect health outcomes, including economic stability, social and community context, neighborhood and built environment, health care and quality, and education access and quality.



Activities that address social determinants of health may include those that expand and increase the availability of comprehensive support services, such as healthy food, health care, education, housing, transportation, job placement/training, and child care.

### **2. Prevention: *Helping people avoid drug use before it starts or before it becomes a use disorder***

Prevention strategies aim to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders. Prevention activities increase awareness and availability of resources for individuals, families, and those most at risk of opioid use disorder, including youth and older adults, or those impacted by the opioid epidemic.



### **3. Harm Reduction: *Keeping people safe if they are still using drugs***

Harm reduction is a set of strategies to maximize health, reduce the negative consequences associated with drug use, and empower people who use drugs with the choice to live healthy lives. Key harm reduction activities include increasing the availability and distribution of harm reduction education and supplies.



### **4. Treatment: *Helping people who want to stop using drugs***

Substance use disorder is a treatable condition. Treatment for substance use disorder is multi-faceted and should be person-centered. Treatment activities aim to increase the availability of comprehensive, evidence-based treatments for opioid use disorder.



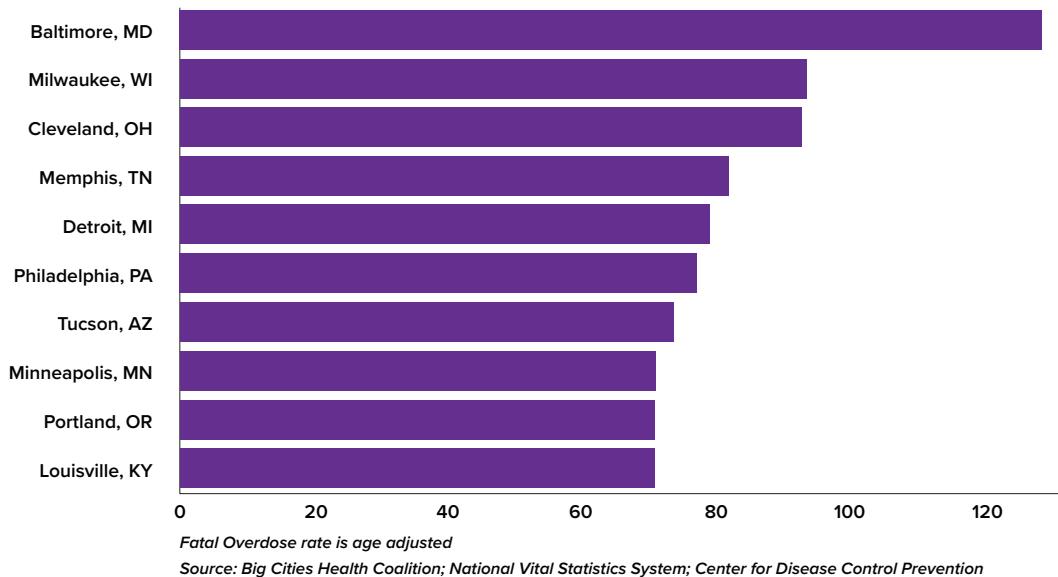
### **5. Recovery: *Supporting people to stay healthy and in recovery***

Recovery is a process that can take on many forms depending on an individual's health and social goals. Recovery services should increase the availability of comprehensive wraparound services that support an individual's pathway to recovery.

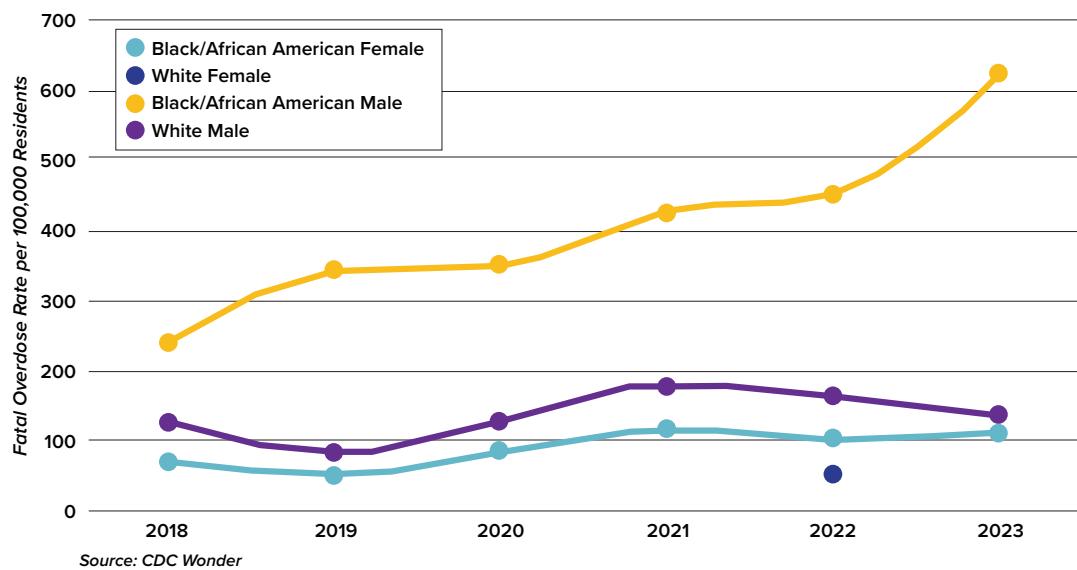


The needs assessment analyzed quantitative data (for example, the number of overdose events, number of individuals receiving treatment, and percentage of harm reduction kits distributed). Quantitative data was gathered from more than 15 different sources, quality checks were conducted, data was analyzed using multiple approaches, and graphs, tables, and maps were created to present patterns over time, both geographically, and across demographic groups.

### Fatal Overdose Rate per 100,000 Residents of Top Ten Cities in the US, 2023



### Fatal Overdose Rate per 100,000 Among Residents 60 and Older by Race, Sex, and Year, Baltimore City, 2018–2023



The needs assessment also collected and analyzed qualitative data (for example: the experiences navigating care, perceptions of stigma, and suggestions for improving service). This data was gathered through discussions with service providers and community members, including people who use drugs, people in treatment and recovery, and people whose family members and friends have been impacted by the overdose crisis. The needs assessment also included a Community Input Form, which was a short questionnaire to receive feedback from City residents.

## Qualitative Data Sources

*Qualitative Data for the Needs Assessment Was Collected from December 2024–March 2025 with:*

**71**

**Community members with lived experience across four community-based organizations**

**39**

**Clinical and community service providers across three virtual forums**

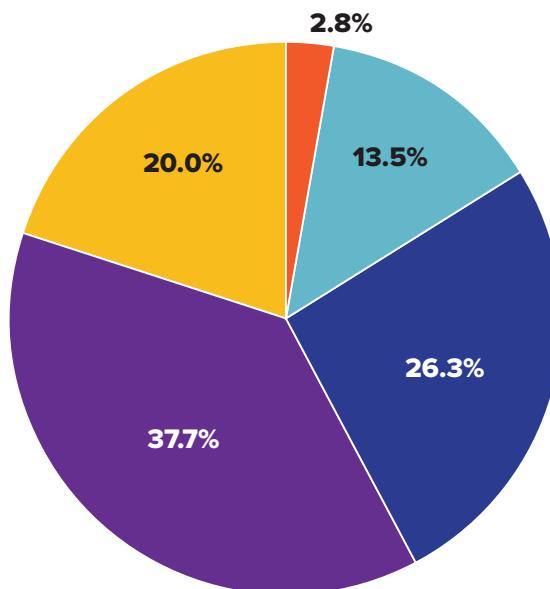
**16**

**City agency representatives across 14 agencies during key informant interviews**

**217**

**Responses from community members via the online Community Input Form, one qualitative question was included**

Next, the quantitative data and the qualitative data were reviewed collectively to bring together a full picture of the overdose crisis in Baltimore. From 2023–2024, overdose deaths appear to be declining in Baltimore City, but rates remain extremely high, with the City still leading all metro areas nationally in overdose mortality. This data shows that in 2023, 1,043 people died of drug and alcohol-related overdose in Baltimore City, with the majority of deaths related to illicitly-made fentanyl. Baltimore City's 2023 fatal overdose rate was more than three times higher than the rest of Maryland and nearly five times higher than the national rate. Black male residents 60 and older were nearly 4.6 times more likely to experience a fatal overdose compared to their white counterparts. Other populations experienced disproportionate effects. In 2022, while [93% of pregnant or postpartum people in Maryland](#) who died from overdose had a known history of substance use, only 20% were known to receive treatment.



**How would you describe your connection to the overdose crisis and the primary reason for filling out this form?**

- Professional in the field of substance use/mental health
- Community member
- Family member or loved one of someone impacted by substance use
- Person with lived/living experience with substance abuse
- Other

Factors driving high overdose rates include ongoing social and structural needs. Housing arose as the most essential need to support people who use drugs while a lack of other social needs services (such as transportation, food, and health care access) and inadequate care coordination created barriers to treatment and recovery. The needs assessment also found that expanding substance use prevention initiatives for youth and building public health awareness with providers and community members could prevent substance use and reduce related harm. At the same time, access to mental health services and support services, a consistent harm reduction approach, and low-barrier access to medication for opioid use disorder can create a more responsive environment and reduce risk of overdose in Baltimore City. Addressing the ongoing social support needs can improve the quality of community-based treatment services. More meaningful integration of peer specialists is needed across the continuum of services. Finally, the lack of a sufficient quantity of certified, high-quality recovery housing compromises successful recovery.

The needs assessment findings led to five cross-cutting recommendations:

1. Address the inequities in the impacts of the City's overdose crisis.
2. Dismantle silos and improve connections throughout the systems of care.
3. Confront systems, policies, and practices that perpetuate stigma to reduce barriers to care.
4. Increase access to low-barrier services for substance use disorders across all neighborhoods.
5. Improve the quality of substance use services across the City.

## Step 2: Strategic Plan

The next step of the strategic planning process was to use the information gleaned from this assessment to develop a roadmap to guide the City's activities to address the overdose crisis. The team began by reviewing the data from the needs assessment and setting goals for Baltimore City's Overdose Response. The broad goals of the City include reducing overdose deaths and connecting individuals with substance use disorders to the quality services and supports they need to reduce harms and ensure sustained recovery.

**Specifically, Baltimore City's Overdose Response aims to reduce overdose deaths by 40% by 2040.**

These goals are the “North Star” that will guide how we all move, collectively, to address the overdose crisis. The Overdose Response Strategic Plan provides a framework for the next two years (2025–2027) for how Baltimore City will approach addressing the overdose crisis and reach our goals. This is a mission that will include both City agencies and community partners. It will include the expansion of existing programs and infrastructure and the development of new programming with additional financial investment.



Based on findings from the [needs assessment](#), the Overdose Response Strategic Plan lays out five priorities, 13 strategies, and targeted activities that will assist Baltimore City in accomplishing our goals.

# Baltimore City's Overdose Response Strategic Plan: A Roadmap for Success

The recommendations from the [needs assessment](#) informed the key priorities of the Baltimore City Overdose Response Strategic Plan that will frame how the City and its partners address the overdose crisis. To achieve these priorities, the strategic plan proposes 13 strategies, using an approach that looks broadly at the overdose crisis and includes all the systems that have been impacted by and are working to address the overdose crisis. Each strategy lays out several evidence-based or evidence-informed activities across the five pillars of social determinants of health, prevention, harm reduction, treatment, and recovery that will ensure measurable progress in reducing overdoses over the next two years.

## PRIORITY 1

### Address the Disparities in the City's Overdose Crisis

Rates of overdoses are increasing among male residents, Black residents, and residents 60 years and older. For example, in 2023, Black male residents who are 60 and older were more than nearly 4.6 times as likely to experience a fatal overdose compared to their white counterparts. In addition, overdose is the leading cause of maternal mortality in Maryland. Baltimore City's incarcerated population also experiences disproportionate overdose risk. Contributing factors to this increased risk include limited access to substance use services within the criminal justice system and upon their release. Focused approaches to increasing access to appropriate and tailored services are needed to decrease overdose deaths.

“ [The] City needs to ensure people with substance use disorder are treated with dignity and respect. Many of our systems currently in place are set up to see this disorder as inherently bad and criminal, when substance use disorder is TREATABLE... They should be assisted in a way that uplifts them and our entire community.”

— *Community Input Form Respondent*

➤ **Strategy 1:** Increase access to harm reduction services, mental health services, social and structural supports, and substance use disorder treatment for populations most impacted by the overdose crisis.

- **Activity 1a:** Prioritize the training and distribution of naloxone through engagement with older Black adults, prioritizing older Black men through partnerships with the various community-based organizations and City agencies that already operate in the landscape.

- **Activity 1b:** Scale up access to evidence-based, inclusive behavioral health treatment and harm reduction services during pregnancy and parenthood.
- **Activity 1c:** Increase availability of low-barrier mobile harm reduction and treatment services, specifically in geographic areas that are disproportionately affected by overdose but may not have the necessary number of services to meet the need.
- **Activity 1d:** Focus distribution of naloxone where people live, including recovery residences, supportive housing, and shelters.

➤ **Strategy 2:** Expand criminal justice diversion initiatives.

- **Activity 2a:** Expand pre-arrest and pre-charge diversion initiatives.
- **Activity 2b:** Increase opportunities for evidence-based pre-trial programs that divert away from incarceration.
- **Activity 2c:** Support peer-to-peer mentoring in pre-trial diversion programs.
- **Activity 2d:** Support training for judges, prosecutors, defense attorneys, and participants in Treatment and Recovery Courts, Family Courts, and other specialty courts.

➤ **Strategy 3:** Ensure comprehensive connection to substance use services within the criminal justice system and upon release.

- **Activity 3a:** Scale up medication for opioid use disorder treatment in correctional facilities and criminal justice detention centers corrections.
- **Activity 3b:** Invest in programs that assist in transitions to care when reentering the community from detention or incarceration.
- **Activity 3c:** Amplify peer support as part of reentry services.

## PRIORITY 2

### Dismantle Silos and Improve Connections Throughout Systems of Care

Services across the substance use continuum were often found to be siloed. Community members and providers reported challenges of real-time connections to the most basic safety net services like food, housing, employment, and transportation. Outreach specialists also identified barriers to access due to the lack of a centralized system. Improved care coordination will support people who use drugs to more effectively navigate services from addiction to recovery.

48.8% of respondents to the City's Community Input form indicated that strengthened care coordination services that facilitate warm handoffs from inpatient treatment and/or institutional settings to community-based services are among the most needed treatment and recovery services in Baltimore City.

➤ **Strategy 4:** Expand systems and mechanisms to improve continuity of care (including social needs that address the social determinants of health and support harm reduction, treatment and mental health support, and recovery).

- **Activity 4a:** Pilot a coordination platform to improve engagement, outreach, and care for people with substance use disorder.
- **Activity 4b:** Create opportunities for collaboration and coordination for providers serving similar geographic regions or service types.
- **Activity 4c:** Support ongoing efforts to increase the use of Mobile Crisis Teams and build their capacity.

➤ **Strategy 5:** Coordinate with local, state, and federal efforts to reduce the illegally trafficked drug supply.

- **Activity 5a:** Participate in collaborative initiative to ensure connection to public health programming and resources when drug supply disruptions occur.

➤ **Strategy 6:** Enhance data infrastructure.

- **Activity 6a:** Support data collection and analysis infrastructure for City investments.
- **Activity 6b:** Engage in ongoing evaluation of interventions and program performance.
- **Activity 6c:** Continue opportunities to share timely health outcome data with City partners, community organizations and the public through tools like dashboards, predictive analytics, and GIS mapping.

## PRIORITY 3

### Confront Systems, Policies, and Practices That Perpetuate Stigma to Reduce Barriers to Care

Addressing stigma at all levels improves quality of services, removes barriers to treatment, increases readiness to engage with services, and supports the success of individuals in the community.

When the [needs assessment](#) was being developed, Baltimore City community members and services providers emphasized that pervasive experiences of stigma and discrimination delay access to services, impede equity, and constrict a person's autonomy. Key approaches to addressing stigma include advancing harm reduction, a method that supports people at every stage of recovery, and expanding access to immediate and high-quality housing options.

42.9% of respondents to the City's Community Input Form indicated that stigma associated with substance use is a barrier to treatment in Baltimore City.

➤ **Strategy 7:** Integrate harm reduction policies and practices across all programs and systems that address social needs, healthcare, and behavioral health.

- **Activity 7a:** Increase access to a full array of low barrier harm reduction services (including naloxone distribution, drug checking, syringe service programs, and other evidence-based strategies)

- **Activity 7b:** Expand community syringe service disposal initiatives to reduce syringe litter.
- **Activity 7c:** Identify and advocate for legislative initiatives to support access to evidence-based harm reduction services and behavioral health services.
- **Activity 7d:** Increase trauma-informed care and harm reduction training and practices among a range of public and private services.
- **Activity 7f:** Increase the number of City agencies/departments registered as Overdose Response Programs.

➤ **Strategy 8:** Develop an effective non-emergency response system that connects individuals with substance use disorder and behavioral health needs to on-demand, community-based services that address the social determinants of health.

- **Activity 8a:** Expand the capacity of 988 to dispatch a non-emergency response that is available 24/7 and accessible to the general public, emergency personnel, and service providers to connect people to non-emergency services.
- **Activity 8b:** Create specialized 24/7 outreach teams to provide immediate support and connection to appropriate community-based services and resources.
- **Activity 8c:** Develop 24/7 safe spaces for respite, stabilization, and connection to community-based resources.

➤ **Strategy 9:** Enhance communication and mobilization to educate public and providers.

- **Activity 9a:** Launch citywide mass communication campaign to address stigma and amplify availability of substance use resources.
- **Activity 9b:** Create a provider outreach engagement plan around harm reduction practices and services available in the City across the lifespan.
- **Activity 9c:** Increase prevention programming to help youth avoid and reduce substance use disorder.
- **Activity 9d:** Increase the number of businesses certified as Recovery Friendly Workplaces.

➤ **Strategy 10:** Adopt innovative models to increase access to immediate and quality housing regardless of current substance use, past substance use, or treatment status.

- **Activity 10a:** Assess policies and practices across individual housing support services, and system practices and procedures.
- **Activity 10b:** Expand housing programs to ensure they prioritize immediate, low-barrier, long-term housing for individuals experiencing homelessness, without preconditions of sobriety or treatment participation.
- **Activity 10c:** Ensure shelters are more accessible for people who use drugs and/or are at risk of overdose (e.g. naloxone for clients, screening for opioid use disorder, provide lockers, and connection to wrap services).

- **Activity 10d:** Fully leverage Housing Opportunities People with AIDS federal dollars to support Ryan White programming.

## PRIORITY 4

### Increase Access to Low-Barrier Services for Substance Use Disorders Across All Neighborhoods, Focusing on Those Most Impacted

Persistent barriers prevent people from accessing life-saving substance use disorder and supportive services that promote health and wellbeing. Services that allow for immediate connection to care support engagement and retention. The [needs assessment](#) found that treatment programs meeting the criteria for being low-barrier (i.e., same-day starts of medication, on-demand treatment, or field-initiated buprenorphine by emergency medical services) are limited in Baltimore City. 28% of respondents to the City's Community Input Form indicated that more access to medication for opioid use disorder, including buprenorphine and methadone, is one of the most-needed treatment and recovery support services in Baltimore City. Significant barriers to accessing social services like food, housing, employment, and transportation were also identified.

“People need unconditional access to housing, healthcare, employment support, and other wraparound services to achieve meaningful wellness.”

— *Community Input Form Respondent*

#### ➤ **Strategy 11:** Increase access to medication for opioid use disorders across systems of care.

- **Activity 11a:** Promote universal screening and connection to treatment of substance use disorder, using validated verbal or written tools, across all medical, behavioral health, and social needs providers.
- **Activity 11b:** Support initiatives to increase access to same-day and on-demand treatment services (including through emergency management services, telemedicine, coordinated transportation, street medicine, etc.).
- **Activity 11c:** Increase the number of City hospitals functioning at highest level of care for opioid use disorder.
- **Activity 11d:** Create 24/7 access to medication treatment, including bridge prescriptions.
- **Activity 11e:** Identify and advocate for policies for buprenorphine in pharmacies in order to decrease stock outs of medications.

#### ➤ **Strategy 12:** Increase citywide care coordination to low-barrier social services (housing, transportation, food assistance, education, and employment) for people who use drugs and people with substance use disorders.

- **Activity 12a:** Increase partnerships across a network of providers in the community and city agencies who can prioritize service coordination and provision for people who use drugs.

- **Activity 12b:** Increase awareness of resources and opportunities to public and providers.
- **Activity 12c:** Scale up the peer specialist workforce and peer-delivered services in a variety of settings across the City.

## PRIORITY 5

### Improve the Quality of Substance Use Disorder Treatment and Recovery Services

Across the continuum of care, there is a great need to strengthen and implement high-quality programs. The City's current service landscape varies in quality, leading to individuals who are hesitant to engage in services. When the needs assessment was being developed, community members identified a range of needs around the quality of treatment services, including poor conditions, rigid program guidelines, and stigma associated with use of medications for opioid use disorder. Community members and providers also identified gaps in oversight and accountability regarding the quality of recovery housing. Monitoring and evaluation of access and quality of services is necessary to ensure equitable and effective response.

 We have no hope holders. The system tells you to get clean but then leaves you on your own.”

— *Community Participant*

➤ **Strategy 13:** Optimize adoption of evidence-based substance use disorder treatment and recovery across systems of care.

- **Activity 13a:** Develop quality standards for care across behavioral health services.
- **Activity 13b:** Create a mechanism to disseminate information about behavioral health services quality standards.
- **Activity 13c:** Advocate for and develop partnerships for increased authority at the local level to address quality of care in treatment and certified recovery services.
- **Activity 13d:** Advance oversight and permitting of privately operated recovery residences to bolster guard rails and quality of service provision.
- **Activity 13e:** Support individual autonomy in program and residence selection.

# Partnership in Action: Next Steps for the Overdose Response Strategic Plan

Activities described in the Overdose Response Strategic Plan will be executed in partnership between the City, its agencies, community organizations, and Baltimore residents. City engagement on these activities will work across multiple departments and agencies and include community engagement efforts by community-based service providers, advocacy organizations, community leaders, and other key stakeholders. Partnership between the City and community members will be based on the values of shared responsibility, respectful partnership, and mutual transparency and accountability. Consistent with Mayor Scott's [Executive Order](#), the execution of activities laid out in the Overdose Response Strategic Plan will be coordinated by the Baltimore City Mayor's Office of Overdose Response.

## Community Input

This document is not final. Instead, the intention of the plan is to be a living document. The City will facilitate ongoing opportunities for community members and service providers to provide feedback throughout the process of development, implementation, and review.

## Transparency & Accountability

Each activity outlined in the Overdose Response Strategic Plan will include measures to assess progress and associated indicators to show impact on health outcomes. BCMOOR will provide regular progress updates and outcome metrics can be tracked on the [Overdose Dashboard](#) on the Baltimore City Health Department webpage.

In addition, community grantees and City agencies who receive funding from the Opioid Restitution Fund will report on program specific to their scope of work. This will allow the City and the public to track direct outputs of the investment of the Opioid Restitution Fund.

## Regular Review & Update

The Overdose Response Strategic Plan will be updated every 2 years, per the Mayor's [Executive Order](#), to ensure forward progress and timely response to the changing crisis. This current strategic plan provides a framework for the first two years (2025–2027).



## In Summary

The completion of each of the listed activities will meaningfully address disparities in Baltimore City's overdose crisis; lower fatal and non-fatal overdose rates; coordinate local, state and federal government efforts; dismantle silos and improve connections to care; confront systems, policies, and practices that perpetuate stigma to reduce barriers to care; increase access to low-barrier services for substance use disorders across all neighborhoods; improve the quality of substance use disorder treatment and recovery services; address structural determinants that often impede access to needed services; and provide opportunities for rigorous monitoring and evaluation to maximize efficiency and impact.

## Additional Resources

- [Needs Assessment](#) – Baltimore City Health Department
- [Overdose Dashboard](#) – Baltimore City Health Department
- [Baltimore City Opioid Restitution Fund](#)
- [Maryland Interactive Dashboards](#) – Maryland Department of Health



**City of Baltimore**